



Iowa Department of Revenue

www.state.ia.us/tax

86-003 (2/17/06)

Retailers E85 Schedule

Attach schedule to form 86-002

Mail to: Iowa Department of Revenue
Compliance Division
Motor Fuel Unit
PO Box 10456
Des Moines, IA 50306-0456

Name: _____

Sales Tax Permit: _____

Period: _____

List all E85, E70, alcohol and gasoline purchases related to the E85 sales reported on your quarterly report. For purposes of this schedule, report E70 as E70 and E85 as E85.

Date of Purchase	From whom purchased Name, Address, City, State, Phone	Invoice Number	Product (E85, E70, Alcohol, Gasoline)	Gallons	Tax Paid on Gallons
Use additional schedules if needed				Total ➡	